## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10750 182

| <del> </del>   | TÁL CLAIMS      |   | (Column                          | 1)                            | (Colu                                   | mn 2)            |     | TYPE                | $\neg$                                | OR   | OTHER<br>SMALL I    |                        |
|--|-----------------|---|----------------------------------|-------------------------------|---|------------------|-----|---------------------|---------------------------------------|------|---------------------|------------------------|
| <b> </b>   |                 |   | 1                                | (Column 1)                    |   | (Column 2)       |     | TYPE                |                                       | 011  | SMALL               | 2141111 Y              |
| FOR  | }               | TOTAL CLAIMS  |                                  |                               |   |                  |     | RATE                | FEE                                   |      | RATE                | FEE                    |
| FOR  |                 |   | NUMBER FILED                     |                               | NUMBER EXTRA                            |                  |     | BASIC FEE           | 385.00                                | OR   | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |                 |   | minus 20=                        |                               | *                                       |                  |     | X\$ 9=              |                                       | OR   | X\$18=              |                        |
| INDEPENDENT CLAIMS   |                 |   | minus 3 =                        |                               | *                                       |                  |     | X43=                |                                       | OR   | X86=                | ·                      |
| MUL  | TIPLE DEPEN     | DENT CLAIM P  | IESENT                           |                               |   |                  |     | +145=               |                                       | OR   | +290=               |                        |
| * If the difference in column 1 is less than zero, e                                 |                 |   |                                  |                               | "0" in c                                | olumn 2          | l   | TOTAL               |                                       | OR   | TOTAL               | 770                    |
| CLAIMS AS AMENDED - PART II  |                 |   |                                  |                               |   |                  |     | •                   |                                       |      | OTHER               |                        |
| <del></del>  |                 | (Column 1)<br>CLAIMS  | (Colun                           |                               |   |                  |     | SMALLE              | NTITY                                 | OR   | SMALL               |                        |
| AMENDMENT A  | •               | REMAINING<br>AFTER<br>AMENDMENT                                 |                                  | NUMI<br>PREVICE PAID          | BER'<br>DUSLY                           | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE                |      | RATE                | ADDI-<br>TIONAL<br>FEE |
| VON-   | Total           | *   | Minus                            | **                            |   | =                |     | XS 9=               |                                       | OR   | X\$18=              |                        |
| AM   | ndependent      | * NTATION OF MI   | Minus                            | ***                           | CLAINA                                  | =                |     | X43=                |                                       | OR   | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |                 |   |                                  |                               |   |                  | ן נ | +145=               | · · · · · · · · · · · · · · · · · · · | OR   | +290=               |                        |
|  |                 |   |                                  |                               |   |                  |     | TOTAL<br>ADDIT. FEE |                                       | OR   | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |                 |   |                                  |                               |   |                  |     |                     |                                       |      | 7.00m. r EE         |                        |
| AMENDMENT B  |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                            | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE                |      | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON I  | Total           | *   | Minus                            | ** .                          |   | =                |     | X\$ 9≃              |                                       | OR   | X\$18=              |                        |
| AME  | ndependent      | *   | Minus                            | ***                           | - · · · · · · · · · · · · · · · · · · · | =                |     | X43=                |                                       | OR   | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |                 |   |                                  |                               |   |                  |     |                     |                                       | 011  |                     |                        |
|  |                 |   |                                  |                               |   |                  | ·   | -145=               |                                       | OR   | +290=               | ,                      |
|  |                 |   |                                  |                               |   |                  |     | TOTAL<br>ADD:T FEE  |                                       | OR   | TOTAL<br>ADDIT. FEE |                        |
|  |                 | (Column 1)<br>CLAIMS  |                                  | (Colur                        |   | (Column 3)       | )   |                     |                                       |      |                     |                        |
| AMENDMENT C  |                 | REMAINING<br>AFTER<br>AMENDMENT                                 |                                  | nIGM<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                            | PRESENT<br>EXTRA |     | PATE                | ADDI-<br>TIONAL<br>FEE                |      | RATE                | ADDI-<br>TIONAL<br>FEE |
| ION  | otal            | ĸ   | Minus                            | **                            |   | =                |     | X8 9=               |                                       | OR   | X\$18=              | 1                      |
| AME  | ndependent      | *   | Minus                            | ***                           |   | =                |     | X43=                | · · · · · · · · · · · · · · · · · · · |      | X86=                | ·                      |
| `   F  | IRST PRESE      | ] }   | 7,40=                            |                               | OR                                      |                  |     |                     |                                       |      |                     |                        |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3 |                 |   |                                  |                               |   |                  |     | +145=               |                                       | OR   | +290=               |                        |
| If (   | he "Highest Nun | nber Previously Pa<br>nber Previously Pa<br>ber Previously Paid | id For" IN THI<br>id For" IN THI | S SPACE IS                    | less that                               | n 20. enter "20. | ,   | TOTAL<br>ADDIT. FEE | ropriate box                          | OR , | TOTAL<br>ADDIT FEE  |                        |